

average number of medications ordered based on the number of months since admission. The average should include the total number of ordered medications whether or not they were administered: (PRN medications; injectables, ointments, creams, ophthalmics, short-term antibiotic regimens and over-the-counter medications, etc.)

- B. Monthly average number of psychoactive medications ordered: Enter the monthly average number of psychoactive medications for which physician orders were written over the course of the past six months. If the resident has been in the facility less than six months, determine the monthly average of psychoactive medications ordered based on the number of months since admission. The average should include all ordered psychoactive medications whether or not they were actually administered.

A "psychoactive" medication is defined as a medication that is intended to affect mental and/or physical processes, namely to sedate, stimulate, or otherwise change mood, thinking or behavior.

The following are classes of psychoactive medications with several examples listed in each:

- Antidepressants- Amitriptyline (Elavil); Imipramine (Tofranil); Doxepin (Sinequan); Tranylcypromine (Parnate); Phenelzine (Nardil)
- Anticholinergics- Benztropine (Cogentin); Trihexyphenidyl (Artane)
- Antihistamines- Diphenhydramine (Benadryl); Hydroxyzine (Atarax)
- Anxiolytics- Chlordiazepoxide (Librium); Diazepam (Valium)
- Cerebral Stimulants- Methylphenidate (Ritalin); Amphetamines (Benzedrine)
- Neuroleptics- Phenothiazines; Thiothixene (Navane); Haloperidol (Haldol); Chlorpromazine (Thorazine); Thioridazine (Mellaril)
- Somnifacients- Barbituates (Nembutal); Temazepam (Restoril); Glutethimide (Doriden); Flurazepam (Dalmane)

## VI. DIAGNOSIS

30. PRIMARY MEDICAL PROBLEM: Follow the guideline stated below when answering this question.

- NURSING TIME: The primary medical problem should be selected based on the condition that has created the most need for nursing time during the past four weeks. A review of the medical record for nursing and physician, nurse practitioner, or physician assistant notes during the past four weeks may be necessary.
- JUDGMENT: This decision may require the assessor to use her/his own professional judgment in deciding upon the primary problem.

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- ICD-9 Refer to the ICD-9 Codes for Common Diagnoses attached at the end of these instructions for easy access to the most frequently used numbers. An ICD-9 code book containing the complete ICD-9 listing should be available in the nursing and/or medical records office of a facility.
- NO ICD-9 NUMBER: Enter "0" (zero) in the far right box if no ICD-9 number can be found for the patient's primary problem (or if the patient does not have a primary medical problem). If you cannot locate the ICD-9 code for the primary medical problem, PRINT THE NAME OF THE PRIMARY MEDICAL PROBLEM in the space provided on the PRI.
- NOTE: If the patient has AIDS or HIV related illnesses, indicate this in Section II, Medical Events, Item 17F. Do not use AIDS or HIV specific ICD codes (042044). Instead, use the code of the specific problem requiring the most caregiver time. For example, for all patients for whom viral pneumonia (NOS) is the condition requiring the most caregiver time, enter 480.9. Do not enter 042.1 for patients with HIV infection.

31. **QUALIFIED ASSESSOR NUMBER:** The qualified assessor who is attesting to the accuracy of the assessment must sign the completed form and enter the assessor Identification Number which was assigned at an approved N.Y.S. Department of Health Training Program.

Since the PRI is completed and submitted for the purposes of a reimbursement assessment cycle, the certified assessor must have actually completed the patient assessment, utilizing medical records and/or observations or interviews of the patient. This should be indicated by checking the YES box.

38. **RACE/ETHNIC GROUP:**

The following definitions are to be utilized in determining race and ethnic groups:

1. **WHITE:** A person having origins in any of the original peoples of Europe, North Africa or the Middle East.
2. **WHITE/HISPANIC:** A person who meets the definition of both White and Hispanic (See Hispanic Below)
3. **BLACK:** A person having origins in any of the Black racial groups of Africa.
4. **BLACK/HISPANIC:** A person who meets the definition of both Black and Hispanic (see below).
5. **ASIAN OR PACIFIC ISLANDER:** A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
6. **ASIAN or PACIFIC ISLAND/HISPANIC:** A person who meets the definition of both Asian or Pacific Islander and Hispanic (see below).

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7. AMERICAN INDIAN or ALASKAN NATIVE: A person having origins in any of the original peoples of North American and who maintains tribal affiliation or community recognition.
8. AMERICAN INDIAN or ALASKAN NATIVE/HISPANIC: A person who meets the definition of both American Indian or Alaskan Native and Hispanic (see below).
9. OTHER: Other groups not included in previous categories.

HISPANIC: A person of Puerto Rican, Mexican, Cuban, Dominican, Central or South American, or other Spanish Culture or origins.

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**PATIENT REVIEW INSTRUMENT (PRI)**RUG II GROUP OF PATIENT  
please print name**I. ADMINISTRATIVE DATA**

<b>1</b> DETERMINING CERTIFICATE NUMBER (1-8) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>2</b> SOCIAL SECURITY NUMBER (9-17) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>3</b> RESIDENT IS LOCATED: 1 = Former HRF Area 2 = Former SNF Area (18) <input type="text"/>	<b>11</b> DATE OF INITIAL ADMISSION to this facility (NF) (first admission not most recent) MONTH DAY YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>4</b> PATIENT NAME (PLEASE PRINT) LAST FIRST MIDDLE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>12</b> MEDICAID NUMBER (18-19) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>5</b> DATE OF PRI COMPLETION MONTH DAY YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>13</b> MEDICARE NUMBER (20-35) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>6</b> MEDICAL RECORD NUMBER (36-45) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>14</b> PRIMARY PAYOR 1 = Medicaid 3 = Other 2 = Medicare (46) <input type="text"/>
<b>7</b> ROOM NUMBER (46-50) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>15A</b> REASON FOR PRI COMPLETION 1 = Biannual Full Facility Cycle 2 = Quarterly New Admission Cycle (51) <input type="text"/>
<b>8</b> UNIT NUMBER (Assigned by RUG II Project) (51-52) <input type="text"/> <input type="text"/>	<b>15B</b> Was a PRI submitted by your facility (NF) for this patient during a previous full facility or a new admit cycle? 1 = Yes 2 = No (53) <input type="text"/>
<b>9</b> DATE OF BIRTH MONTH DAY YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>10</b> SEX 1 = Male 2 = Female (56) <input type="text"/>	

**II. MEDICAL EVENTS**

<b>16</b> DECUBITUS LEVEL: ENTER THE MOST SEVERE LEVEL (0-5) AS DEFINED IN THE INSTRUCTIONS (92) <input type="text"/>	<b>18</b> MEDICAL TREATMENTS: READ THE INSTRUCTIONS FOR QUALIFIERS 1 = Yes 2 = No (94-118)
<b>17</b> MEDICAL CONDITIONS: DURING THE PAST FOUR WEEKS. READ THE INSTRUCTIONS FOR SPECIFIC DEFINITIONS. 1 = Yes 2 = No A. Comatose B. Dehydration C. Internal Bleeding D. Stasis Ulcer E. Terminally Ill F. Contractures G. Diabetes Mellitus H. Urinary Tract Infection I. Infection Symptomatic J. Accident K. Ventilator Dependent	A. Tracheostomy Care/Suctioning (Daily — Exclude self care) B. Suctioning — General (Daily) C. Oxygen (Daily) D. Respiratory Care (Daily) E. Nasal Gastric Feeding F. Parenteral Feeding G. Wound Care H. Chemotherapy I. Transfusion J. Dialysis K. Bowel and Bladder Rehabilitation (SEE INSTRUCTIONS) L. Catheter (Indwelling or External) M. Physical Restraints (Daytime Only)

**III. ACTIVITIES OF DAILY LIVING (ADLs)****1) EATING: PROCESS OF GETTING FOOD BY ANY MEANS FROM THE RECEPTACLE INTO THE BODY (FOR EXAMPLE, PLATE, CUP, TUBE)**

- |  |   |
|--|---|
| 1 = Feeds self without supervision or physical assistance. May use adaptive equipment.   | 3 = Requires continual help (encouragement/teaching/physical assistance) with eating or meal will not be completed. |
| 2 = Requires <i>intermittent</i> supervision (that is, verbal encouragement/guidance) and/or minimal physical assistance with minor parts of eating, such as cutting food, buttering bread or opening milk carton. | 4 = Totally fed by hand, patient does not manually participate.   |
|  | 5 = Tube or parenteral feeding for primary intake of food (Not just for supplemental nourishments.)                 |

18 ☐  
(17)**20 MOBILITY: HOW THE PATIENT MOVES ABOUT**

- |  |   |
|--|---|
| 1 = Walks with no supervision or human assistance. May require mechanical device (for example, a walker) but not a wheelchair.   | 3 = Walks with <i>constant</i> one-to-one supervision and/or constant physical assistance.  |
| 2 = Walks with <i>intermittent</i> supervision (that is, verbal cueing and observation). May require human assistance for difficult parts of walking (for example, stairs, ramps). | 4 = <i>Wheels</i> with no supervision or assistance, except for difficult maneuvers (for example, elevators, ramps). May actually be able to walk, but generally does not move. |
|  | 5 = Is <i>wheeled</i> , chairfast or bedfast. Relies on someone else to move about, if at all.  |

20 ☐**21 TRANSFER: PROCESS OF MOVING BETWEEN POSITIONS TO/FROM BED, CHAIR, STANDING (EXCLUDE TRANSFERS TO/FROM BATH AND TOILET)**

- |  |   |
|--|---|
| 1 = Requires no supervision or physical assistance to complete necessary transfers. May use equipment, such as railings, trapeze.        | 3 = Requires one person to provide constant guidance, steadiness and/or physical assistance. Patient may participate in transfer. |
| 2 = Requires <i>intermittent</i> supervision (that is, verbal cueing, guidance) and/or physical assistance for difficult maneuvers only. | 4 = Requires <i>two</i> people to provide constant supervision and/or physically lift. May need lifting equipment.                |
|  | 5 = Cannot and is not gotten out of bed.  |

21 ☐**2 TOILETING: PROCESS OF GETTING TO AND FROM A TOILET (OR USE OF OTHER TOILETING EQUIPMENT, SUCH AS BEDPAN), TRANSFERRING ON AND OFF TOILET, CLEANSING SELF AFTER ELIMINATION AND ADJUSTING CLOTHES**

- |   |   |
|---|---|
| 1 = Requires no supervision or physical assistance. May require special equipment, such as a raised toilet or grab bars.  | 3 = Continent of bowel <i>and</i> bladder. Requires constant supervision and/or physical assistance with major/all parts of the task, <i>including</i> appliances (i.e., colostomy, ileostomy, urinary catheter). |
| 2 = Requires <i>intermittent</i> supervision for safety or encouragement, or <i>minor</i> physical assistance (for example, clothes adjustment or washing hands). | 4 = Incontinent of bowel <i>and/or</i> bladder and is not taken to a bathroom.  |
|   | 5 = Incontinent of bowel <i>and/or</i> bladder, but is taken to a bathroom every two to four hours during the day and as needed at night.   |

22 ☐**IV. BEHAVIORS****23 VERBAL DISRUPTION: BY YELLING, BAITING, THREATENING, ETC**

- |  |  |
|--|--|
| 1 = None during the past four weeks. (May have verbal outbursts which are not disruptive.)   | 4 = Unpredictable, recurring verbal disruption at least once per week for no foretold reason.  |
| 2 = Verbal disruption one to three times during the past four weeks.   | 5 = Patient is at level #4 above, but does not fulfill the active treatment and psychiatric assessment qualifiers (in the instructions). |
| 3 = Short-lived disruption at least once per week during the past four weeks or <i>predictable</i> disruption regardless of frequency (for example, during specific care routines, such as bathing). |  |

23 ☐**24 PHYSICAL AGGRESSION: ASSAULTIVE OR COMBATIVE TO SELF OR OTHERS WITH INTENT FOR INJURY. (FOR EXAMPLE, HITS SELF, THROWS OBJECTS, PUNCHES, DANGEROUS MANEUVERS WITH WHEELCHAIR)**

- |  |  |
|--|--|
| 1 = None during the past four weeks.   | 4 = Unpredictable, recurring aggression at least once per week during the past four weeks for no apparent or foretold reason (that is, not just during specific care routines or as a reaction to normal stimuli). |
| 2 = Unpredictable aggression during the past four weeks (whether mild or extreme) but not at least once per week.  | 5 = Patient is at level #4 above, but does not fulfill the active treatment and psychiatric assessment qualifiers (in the instructions).   |
| 3 = Predictable aggression during specific care routines or as a reaction to normal stimuli (for example, bumped and/or) regardless of frequency. May strike or fight. |  |

24 ☐  
(12)

PATIENT NAME (please print) \_\_\_\_\_

**25 DISRUPTIVE, INFANTILE OR SOCIALLY INAPPROPRIATE BEHAVIOR:** CHILDISH, REPETITIVE OR ANTISOCIAL **PHYSICAL** BEHAVIOR WHICH CREATES *DISRUPTION WITH OTHERS* (FOR EXAMPLE, CONSTANTLY UNDRESSING SELF, STEALING, SMEARING FECES, SEXUALLY DISPLAYING ONESELF TO OTHERS). EXCLUDE VERBAL ACTIONS. READ THE INSTRUCTIONS FOR OTHER EXCLUSIONS

- 1 = No infantile or socially inappropriate behavior, whether or not disruptive, during the past four weeks
- 2 = Displays this behavior, but is not disruptive to others (for example, rocking in place)
- 3 = Disruptive behavior during the past four weeks, but not at least once per week
- 4 = Disruptive behavior at least *once per week* during the past four weeks
- 5 = Patient is at level #4 above, but does not fulfill the active treatment and psychiatric assessment qualifiers (in instructions)

**26 HALLUCINATIONS:** EXPERIENCED AT LEAST ONCE PER WEEK DURING THE PAST FOUR WEEKS. VISUAL, AUDITORY OR TACTILE PERCEPTIONS THAT HAVE NO BASIS IN EXTERNAL REALITY

- 1 = Yes
- 2 = No
- 3 = Yes, but does not fulfill the active treatment and psychiatric assessment qualifiers (in the instructions)

**26** ☐  
(12)**V. SPECIALIZED SERVICES****27 PHYSICAL AND OCCUPATIONAL THERAPIES:** READ INSTRUCTIONS AND QUALIFIERS. EXCLUDE REHABILITATIVE NURSES AND OTHER SPECIALIZED THERAPISTS (FOR EXAMPLE, SPEECH THERAPIST). ENTER THE LEVEL, DAYS AND TIME (HOURS AND MINUTES) PER WEEK

A Physical Therapy (P.T.)

B Occupational Therapy (O.T.)

**LEVEL**

- 1 = Does not receive occupational therapy for four or more consecutive weeks.
- 2 = Maintenance Program - Requires and is currently receiving physical and/or occupational therapy to help stabilize or slow functional deterioration
- 3 = Restorative Therapy - Requires and is currently receiving physical and/or
- 4 = Receives therapy, but does not fulfill the qualifiers stated in the instructions. (For example, restorative therapy given or to be given for only two weeks.)

**DAYS AND TIME PER WEEK:** ENTER THE CURRENT NUMBER OF DAYS AND TIME (HOURS AND MINUTES) PER WEEK THAT EACH THERAPY IS PROVIDED. ENTER ZERO IF AT #1 LEVEL ABOVE. READ INSTRUCTIONS AS TO QUALIFIERS IN COUNTING DAYS AND TIME.**28 NUMBER OF PHYSICIAN VISITS:** ENTER ONLY THE NUMBER OF VISITS DURING THE PAST FOUR WEEKS THAT ADHERE TO THE PATIENT NEED AND DOCUMENTATION QUALIFIERS IN THE INSTRUCTIONS. EXCLUDE VISITS BY PSYCHIATRISTS**29 MEDICATIONS**

- A. Monthly average number of medications ordered.
- B. Monthly average number of psychoactive medications ordered.

**DIAGNOSIS****30 PRIMARY PROBLEM:** THE MEDICAL CONDITION (ICD-9 CODE) REQUIRING THE LARGEST AMOUNT OF NURSING TIME. THIS MAY NOT BE THE ADMISSION DIAGNOSIS BY THE PHYSICIAN.

ICD-9 Code of medical problem \_\_\_\_\_

If code cannot be located, print medical name here \_\_\_\_\_

I CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS A TRUE ABSTRACT OF THE PATIENT'S CONDITION AND MEDICAL RECORD.

Signature of Qualified Assessor \_\_\_\_\_

Assessor  
Identification Number**31** ☐☐☐☐☐☐

(148-152)

New York

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Attachment 4.19-D  
Part I



**38 RACE/ETHNIC GROUP:** ENTER THIS CODE WHICH BEST DESCRIBES THE PATIENT'S RACE OR ETHNIC GROUP

- |                    |  |  |
|--------------------|--|--|
| 1 = White          | 4 = Black/Hispanic                     | 7 = American Indian or Alaskan Native          |
| 2 = White/Hispanic | 5 = Asian or Pacific Islander          | 8 = American Indian or Alaskan Native/Hispanic |
| 3 = Black          | 6 = Asian or Pacific Islander/Hispanic | 9 = Other                                      |

TN 91-25      Effective Date JUL 11 1994  
Supersedes TN 89-4      Effective Date APR 1 - 1991

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SUBPART 86-2

RESIDENTIAL HEALTH CARE FACILITIES

(Statutory authority: Public Health Law, §§2803[2],2808)

Sec.

- 86-2.1 Definition
- 86-2.2 Financial and statistical data required
- 86-2.3 Uniform system of accounting and reporting
- 86-2.4 Generally accepted accounting principles
- 86-2.5 Accountant's certification
- 86-2.6 Certification by operator or officer
- 86-2.7 Audits
- 86-2.8 Patient days
- 86-2.9 Residential health care facility services for nonoccupants
- 86-2.10 Computation of basic rate
- 86-2.11 Adjustments to direct component of the rate
- 86-2.12 Adjustments to basic rate
- 86-2.13 Adjustments to provisional rates based on errors
- 86-2.14 Revisions in certified rates
- 86-2.15 Rates for residential health care facilities without adequate cost experience
- 86-2.16 Less expensive alternatives
- 86-2.17 Allowable costs
- 86-2.18 Recoveries of expense
- 86-2.19 Depreciation for voluntary and public residential health care facilities
- 86-2.20 Interest for all residential health care facilities
- 86-2.21 Capital cost reimbursement for proprietary residential health care facilities
- 86-2.22 Movable equipment
- 86-2.23 Research
- 86-2.24 Educational activities
- 86-2.25 Compensation of operators or relatives of operators
- 86-2.26 Costs of related organizations
- 86-2.27 Termination of service
- 86-2.28 Return on investment
- 86-2.29 Payments to receivers
- 86-2.30 Patient assessment for certified rates

86-4  
supersedes  
82-30

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New York  
1(a)

OBRA (90-10; 7/90)  
Attachment 4.19-D  
Part I

New York State provides public access to governmental records, including data and the methodology used in establishing payment rates for nursing facilities under Medicaid. The State Freedom of Information Law (Public Officers Law, Article 6) is the principal statute providing public access to information and records. Regulations related to the process of obtaining access to the Department of Health's records are contained in Sub-part 50-1 of Title 10NYCRR. These records include, but are not limited to, facility cost reports, case mix indices and the methodologies by which reimbursement rates are set for hospitals, nursing homes, and other health care providers.

Anyone wishing to inspect or obtain public records must apply to the Department's Records Access Officer in writing. The Officer is responsible for insuring appropriate agency response to requests for public access to records, and will coordinate the Department's response as per the process contained in the New York State Department of Health Administrative Policy and Procedure Manual, 100.0 - RELEASE OF INFO TO OUTSIDE GROUP/FREEDOM OF INFO/RECORD ACCESS.

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New York  
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86-2.1 (90-10; 7/90)  
Attachment 4.19-D  
Part I

Section 86-2.1 Definitions. As used in this Subpart, the following definitions shall apply:

[(1)](a) Residential health care facility, medical facility or facility shall mean all facilities or organizations covered by the term nursing home [or health-related facility] as defined in article 28 of the Public Health Law, including hospital-based residential health care facilities, and NURSING FACILITIES as defined in Section 1919 of the federal Social Security Act, provided that such facility possesses a valid operating certificate issued by the State Commissioner of Health and, where required, has been established by the Public Health Council.

[(2)](b) Patient classification groups shall mean patient categories contained in the classification system, Resources Utilization Groups-II (RUG-II), which identifies the relative resource consumption required by different types of long term care patients as specified in Appendix [6] 13-A, infra.

[(3)](c) Case mix shall mean the patient population of a facility as classified and aggregated into patient classification groups.

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